

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15242

State File No.

FILED MAY 31 1955

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5468 Registrar's No. 455

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Turners</u>		c. CITY OR TOWN <u>Turners</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Taylor township</u>		e. STREET ADDRESS (If rural, give location) <u>Taylor township 03400</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Winnie</u> b. (Middle) <u>—</u> c. (Last) <u>Turner</u>		4. DATE OF DEATH (Month) : (Day) : (Year) <u>May-22-1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 20-1885</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William Pursley</u>	
14. MOTHER'S MAIDEN NAME <u>Josie Carcile</u>		15. NAME OF HUSBAND OR WIFE <u>Albert D. Turner</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. <u>none</u>	
18. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Turner Ellis-Turner, Mo.</u>		19. ADDRESS <u>Ellis-Turner, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition, secondary to gastrectomy for ca of stomach 7 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>151X</u> DUE TO (c) <u>Arthritis, Chronic, multiple</u>	
19. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		24. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		26. HOW DID INJURY OCCUR?	
27. I hereby certify that I attended the deceased from <u>May 5, 1955</u> to <u>May 22, 1955</u> , that I last saw the deceased alive on <u>May 17, 1955</u> , and that death occurred at <u>10:10 P.M.</u> , from the causes and on the date stated above.			
28. SIGNATURE (In print or type) <u>Don J. Silsby M.D.</u>		29. ADDRESS <u>Springfield Mo</u>	
30. DATE SIGNED <u>5-23-55</u>		31. DATE OF BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
32. DATE <u>MAY 25 1955</u>		33. NAME OF CEMETERY OR CREMATORY <u>Turners</u>	
34. LOCATION (City, town, or county) (State) <u>Taylor Township - Mo.</u>		35. DATE REC'D BY LOCAL REG. <u>5-24-55</u>	
36. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		37. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Harny</u>	
38. ADDRESS <u>Springfield, Mo.</u>		39. ADDRESS <u>Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____
Licensed Embalmer No. 33

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.